



ICS/Meat Program
Attn: Cashier
700 Kipling St., Ste. 4000
Lakewood, CO 80215-8000

(303) 477-0093
meat@ag.state.co.us

HOME FOOD
SERVICE PLAN SELLER
LICENSE APPLICATION

July 1, 2010 - June 30, 2011

(Title 35, Article 33.5, C.R.S.)

Department Use Only

Approved by _____
License # _____

DIRECTIONS

- n Mail completed form & payment (payable to Colorado Dept. of Agriculture) by June 30, 2009 to the address at the left.
- n You must attach a listing of ALL salesmen.

HOME FOOD SERVICE PLAN SELLER LICENSE FEE

(Check One)

- | | |
|---|--|
| <input type="checkbox"/> Sole Operator \$350 (439) | <input type="checkbox"/> 11 - 15 Salesmen \$1500 (442) |
| <input type="checkbox"/> 2 - 5 Salesmen..... \$750 (440) | <input type="checkbox"/> 16 - 20 Salesmen \$2000 (443) |
| <input type="checkbox"/> 6 - 10 Salesmen..... \$1250 (437) | <input type="checkbox"/> 21 + Salesmen \$3500 (444) |
| <input type="checkbox"/> LATE FEE (if application is submitted or postmarked after June 30, 2010) \$50 (446) | |

***Note:** All Home Food Service Plan Sellers are required to have a bond or other evidence of financial responsibility with the Department before a license will be issued.*

APPLICANT INFORMATION

- Name of applicant: _____
Doing business as: _____
- Principal business address: _____
(Street Address) (County)

(City) (State) (Zip Code)
- Mailing address (if different): _____
(Mailing Address)

(City) (State) (Zip Code)
- (Check One) This business is operating as a(n): ☐ Individual/Sole Proprietorship* ☐ Partnership ☐ Corporation
☐ Other (Describe): _____
****If you are operating as an individual/sole proprietorship, you must complete the "Citizenship/Immigration Status Verification Form".***
- Email Address: _____ 6. Phone number: _____

ATTACH A COPY OF ALL SALES BROCHURES, CUSTOMER RECEIPTS, SALES CONTRACTS,
ADVERTISEMENTS AND NOTICE OF BUYER'S RIGHT TO CANCEL USED IN SALES PRESENTATIONS.

In Colorado supplying false information in an application for a license is punishable by law, and may result in the revocation of any license issued pursuant thereto. Any change in any of the information provided in this application will require the immediate filing of an amended application.

Dated _____ By _____

7. List person(s) authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the state of Colorado. (Name and complete address)

Name _____ Address _____

Authorized Signature

☐ would be interested in receiving my renewal application and other information electronically at the email address provided above.